

<i>SERFF Tracking Number:</i>	<i>UTCX-125984229</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR10239CGF01</i>		
<i>TOI:</i>	<i>17.1 Other Liability-Occ Only</i>	<i>Sub-TOI:</i>	<i>17.1001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Child Care Program</i>		
<i>Project Name/Number:</i>	<i>Child Care Program/GL AR10239CGF01</i>		

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company
Product Name: Child Care Program SERFF Tr Num: UTCX-125984229 State: Arkansas
TOI: 17.1 Other Liability-Occ Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.1001 Commercial General Liability Co Tr Num: GL AR10239CGF01 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: SPI UticaNational Disposition Date: 01/13/2009
Date Submitted: 01/12/2009 Disposition Status: Approved
Effective Date Requested (New): 03/01/2009 Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Child Care Program	Status of Filing in Domicile:
Project Number: GL AR10239CGF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/13/2009	
State Status Changed: 01/13/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Our companies would like to revise our Child Care Supplemental Application. We have made the following changes:

Changed Title, combined questions from 8-A-326 into 8-A-304A, added additional questions on Non-Conforming vans, editorial changes, revised to reflect our new approach to Fraud Warnings.

Therefore this revision will replace the previous edition of our Child Care Supplemental Application, 8-A-304A and our Child Care Legal Liability Application (8-A-326), in it's entirety since we have incorporated that information into the new

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Child Care Supplemental Application.

Company and Contact

Filing Contact Information

Julie Garrabrant, Senior State Filings Coordinator	julie.garrabrant@uticanational.com
180 Genesee Street	(315) 734-2000 [Phone]
New Hartford, NY 13413	(315) 734-2252[FAX]

Filing Company Information

Utica Mutual Insurance Company	CoCode: 25976	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 15-0476880	

Graphic Arts Mutual Insurance Company	CoCode: 25984	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 13-5274760	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$50.00	01/12/2009	24947963
Graphic Arts Mutual Insurance Company	\$0.00	01/12/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/13/2009	01/13/2009

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Disposition

Disposition Date: 01/13/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Product Name:	Child Care Program		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Child Care Supplemental Application	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Child Care Supplemental Application	8-A-304A	Ed. 12-2008	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 8-A-304A ; 8-A-326 Previous Filing #:		8-A-304A.PDF



CHILD CARE SUPPLEMENTAL APPLICATION

(Including Sections for **Optional** Abuse or Molestation and Legal Liability Coverages)

Utica National Insurance Group ■ New Hartford, New York

This application and attachment(s) must be completed in full, signed, dated, and returned to the company along with all applicable ACORD applications prior to binding.

Issuing Company: _____ Date: _____

Producer: _____ License Number: _____

Name of Insured: _____

Mailing Address: _____

Policy Period: From _____ To _____

☐ For Profit ☐ Not For Profit

NOTE: Coverage may not be bound without an underwriter's approval.

A. **OPERATIONS - GENERAL**

- | | | |
|--|------------------------------|-----------------------------|
| 1. Licensed facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Located in a private residence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Summer Camp exposure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Exclusive after school facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Handicapped enrollment exceed 20%? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. For profit center? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Cooperative center funded and staffed by participating parents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Accredited by: | | |
| a. Child Welfare League of America? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Association for Educating Young Children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. How long in business with current management? _____ | | |
| 10. Are field trips taken? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, explain. _____ | | |

- | | | |
|---|------------------------------|-----------------------------|
| 11. Record of injuries/treatment kept? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Child's medical history required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Pre-Authorization records kept for child release? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Verification of criminal background checks secured for all employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Release signed for transportation of sick/injured children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Emergency situation procedure in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Is facility on grade level with two exits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Is playground fenced and in compliance with state regulations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, explain: _____ | | |

- | | | |
|--|------------------------------|-----------------------------|
| 19. Structure built: | | |
| a. after 1978? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. for child care or modified for that particular purpose? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Protection covers on electrical outlets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Auto Exposures | | |
| a. Does Insured provide student transportation to/from house? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are all drivers who transport students over age 21? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Do you operate any non-conforming vans (11 to 15 passengers) to transport students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

d. If answer to c. above is yes, advise number, details on their use and who drives them: _____

B. SCOPE OF OPERATION

1. Applicant operates _____ days per week from _____ to _____ with an average daily attendance of _____ children (full and part time in a facility with _____ square feet area.
2. Previous four (4) years highest enrollment counts: _____
3. Expected enrollment next year _____

	<u>Adult/Child</u>	<u>Category (Age of Children)</u>
Ratio	_____	0 - 1
Ratio	_____	1 - 2
Ratio	_____	2 - 4
Ratio	_____	4 - 5
Ratio	_____	5 - Up

C. QUALIFICATION OF TEACHERS/STAFF

1. Teacher/staff professionally qualified? ☐ Yes ☐ No
Details: _____
2. Reference checks made of teachers/staff? ☐ Yes ☐ No
3. Teacher/staff trained in first aid? ☐ Yes ☐ No
4. Teacher/staff trained to look for signs of mental and physical abuse? ☐ Yes ☐ No
5. Swimming pool exposure? ☐ Yes ☐ No
If yes, please complete Swimming Pool Checklist below.

D. SWIMMING POOL CHECKLIST (Complete this section only if the risk has a swimming pool exposure.)

1. FENCING

- a) 4' enclosure fencing or wall. ☐ Yes ☐ No
- b) Self-closing gate and latch. ☐ Yes ☐ No
- c) Locking hardware. ☐ Yes ☐ No

2. RULES & REGULATIONS

- a) Posted pool hours and regulations. ☐ Yes ☐ No
- b) Children ages three and under are restricted to shallow end. ☐ Yes ☐ No
- c) Glass container rules. ☐ Yes ☐ No
- d) Food consumption rules. ☐ Yes ☐ No

3. EMERGENCY INFORMATION

- a) Emergency phone numbers posted. ☐ Yes ☐ No
- b) Phone near pool area. ☐ Yes ☐ No
- c) Emergency Plan in place. (Refer to Underwriting Criteria) ☐ Yes ☐ No

4. PERSONNEL

- a) Training requirements in compliance with Utica Underwriting Criteria. ☐ Yes ☐ No
- b) Staff and child ratio in compliance with Utica Underwriting Criteria. ☐ Yes ☐ No

5. LIFESAVING EQUIPMENT

- a) 15 foot pole or shepherd's hook. ☐ Yes ☐ No
- b) 18 inch ring buoy and throwing rope. ☐ Yes ☐ No
- c) Lifeline with floats to separate shallow and deep areas. ☐ Yes ☐ No

6. POOL

- a) Depth: Shallow Area _____ Deep Area _____
- b) 2 sets of steps, ladders or stairs. ☐ Yes ☐ No
- c) Steps & rung slip-resistant. ☐ Yes ☐ No
- d) 4 inch depth markings. ☐ Yes ☐ No
- e) Diving board provided. (Refer to Underwriting Criteria) ☐ Yes ☐ No
- f) Slide provided. (Refer to Underwriting Criteria) ☐ Yes ☐ No
- g) Wading pool. ☐ Yes ☐ No
- h) Deck material slip resistant. ☐ Yes ☐ No

7. DRAIN GRATES

- a) Drain grates checked frequently. ☐ Yes ☐ No
- b) Grates removed only by use of tools. ☐ Yes ☐ No

8. ELECTRICAL

- a) Ground Fault Circuit Interrupter used. ☐ Yes ☐ No
- b) Electrical outlets at least 20 ft. from pool. ☐ Yes ☐ No
- c) Overhead lighting at least 20 ft. from pool. ☐ Yes ☐ No
- d) Vending machines in pool area. ☐ Yes ☐ No

9. BATHHOUSE - IF PROVIDED

- a) Adequate dressing and sanitary facilities. ☐ Yes ☐ No
- b) Floor free of tripping hazards. ☐ Yes ☐ No
- c) Floor drains provided. ☐ Yes ☐ No
- d) Drinking fountain provided. ☐ Yes ☐ No
- e) Staff supervision when in use. ☐ Yes ☐ No

10. MISCELLANEOUS

- a) Pool water turned over through filter every 8 hours. ☐ Yes ☐ No
- b) Wading pool water turned over through filter every 2 hours. ☐ Yes ☐ No
- c) Chemical storage in locked, dry, isolated room. ☐ Yes ☐ No
- d) Chlorine and PH level checked daily. ☐ Yes ☐ No
- e) Chlorine and PH level documented and available for inspection. ☐ Yes ☐ No

11. COMMENTS

E. ABUSE OR MOLESTATION LIABILITY COVERAGE (INCLUDING SEXUAL MISCONDUCT OR SEXUAL MOLESTATION)

(Complete this section only if this coverage is being requested)

NOTE: Coverage may not be bound without an underwriter's approval.

LIMITS REQUESTED

- | | |
|--|--|
| _____ \$ 50,000 Each Loss/\$100,000 Annual Aggregate | _____ \$300,000 Each Loss/\$300,000 Annual Aggregate |
| _____ \$100,000 Each Loss/\$200,000 Annual Aggregate | _____ \$500,000 Each Loss/\$500,000 Annual Aggregate |
| _____ \$200,000 Each Loss/\$200,000 Annual Aggregate | _____ \$1,000,000 Each Loss/\$1,000,000 Annual Aggregate |

1. a. Has the Insured ever had any abuse or molestation (including sexual misconduct or sexual molestation) claims? ☐ Yes ☐ No
- b. Is there any record or knowledge of any previous incidents which might have resulted in such claims if they had been pursued? ☐ Yes ☐ No

c. Provide details for any positive response to above:

2. a. Is the Insured's facility open to parental visits? ☐ Yes ☐ No
- b. Were any premises utilized for daycare built or modified for that particular purpose? ☐ Yes ☐ No
- c. Does the insured have a policy addressing abuse, molestation or sexual harassment in all its forms (anti-abuse, anti-molestation, anti-sexual harassment)? ☐ Yes ☐ No
- (1) If the answer to 2.c. is yes, is the policy communicated annually in the appropriate language (considering age/ESL) to:
- (a) Staff (employees) ☐ Yes ☐ No
- (b) Students ☐ Yes ☐ No
- (c) Volunteers ☐ Yes ☐ No
- (d) Parents/Community ☐ Yes ☐ No
- (2) Are employees and volunteers required to sign an acknowledgement of receipt and understanding of the abuse, molestation and sexual harassment policy? ☐ Yes ☐ No
- d. Is documentation maintained on annual training regarding abuse, molestation and sexual misconduct provided to staff, students and volunteers? ☐ Yes ☐ No
- e. Does the insured have a policy and procedure for screening (finger printing, criminal record check, Teacher Credentialing Bureau) all:
- (1) Prospective employees? ☐ Yes ☐ No
- Details: _____
- (2) Volunteers? ☐ Yes ☐ No
- Details: _____
- f. Are signed/dated applications required of all:
- (1) Prospective employees? ☐ Yes ☐ No
- (2) Volunteers? ☐ Yes ☐ No
- (3) If f.(1) or (2) are answered "yes," does the application ask whether an investigation had been conducted or was pending at the time of separation from prior employment? ☐ Yes ☐ No
- g. Are application references checked and documentation maintained? ☐ Yes ☐ No
- h. Has the Insured developed and publicized to employees and volunteers abuse, molestation and sexual harassment reporting and investigation procedures? ☐ Yes ☐ No
- i. Have persons charged with complaint management and investigation been adequately trained in these responsibilities? ☐ Yes ☐ No Details: _____
3. a. Is there any child care/school exposure which is not run by the Insured? ☐ Yes ☐ No
- b. If answer to 3.a. is yes, please complete the following:
- (1) Do the operators of such exposure have their own liability insurance, including coverage for abuse or molestation (including sexual misconduct or sexual molestation), with limits at least equal to those being requested hereunder? ☐ Yes ☐ No
- (2) Is our Insured named as additional insured on the operator's liability policy which includes coverage for abuse or molestation (including sexual misconduct or sexual molestation)? ☐ Yes ☐ No

Note: If the answers to b.(1) and/or b.(2) above are no, we will not provide this coverage

F. CHILD CARE LEGAL LIABILITY INSURANCE - CLAIMS-MADE BASIS (Complete this section only if this coverage is being rejected)

1. Limits of Liability: \$_____ each loss \$_____ aggregate for each annual policy year
2. Optional Additional Defense Coverages (AVAILABLE ONLY WHERE STATE HAS APPROVED):
☐ Suits seeking no pecuniary relief ☐ Suits alleging loss from asbestos
☐ Suits alleging loss from discrimination (except suits brought by governmental entities)
3. a. Proposed retroactive date: _____ ("None" provides unlimited prior acts coverage)
b. Entry date into uninterrupted claims-made coverage: _____
c. Has any work, accident or location been excluded, uninsured or self-insured from any previous coverage? ☐ Yes ☐ No
d. Was tail coverage purchased under any previous policy? ☐ Yes ☐ No
If yes, give effective and expiration dates of tail coverage: _____
4. If the child care organization has been in existence less than three years, was this organization an offshoot from another? ☐ No ☐ Yes If "yes", name of original organization: _____
THE FOLLOWING ARE INSURED under this insurance: The childcare organization, board of directors, board of trustees, members of the board, trustees, directors and all employees including volunteers.
5. a. Number of members comprising the governing board of the institution: _____
b. Number of: Administrators _____; Officials _____; Teachers _____; All other employees _____
6. Financial status of organization:
a. Total current budget \$ _____
b. Total accumulated deficit \$ _____ or surplus \$ _____
c. How many years in past 5 has there been a deficit? _____ surplus? _____
d. If there is a deficit, what is being done to eliminate it? _____
7. Claims - Has there been any claim in the past five years involving:
a. Employee's tenure, dismissal, strikes, demotion or other employment related actions ☐ No ☐ Yes
b. Segregation, civil rights action involving children or employees ☐ No ☐ Yes
c. Other ☐ No ☐ Yes
If "Yes" to **a**, **b**, or **c**, describe all below or on an attached sheet, including amounts of all judgments, reserves and demands: _____
8. Incidents (Not yet resulting in claims - Has organization, its governing board, or its employees been involved in or do they have knowledge of any pending legal action or proceeding against them; or any act, error or omission which they have reason to believe might afford valid grounds for any future claim that would fall within the scope of this proposed insurance involving:
a. Employee's tenure, dismissal, strikes, demotion, or other employment related actions ☐ No ☐ Yes
b. Civil rights action involving children or employees ☐ No ☐ Yes
c. Other ☐ No ☐ Yes
If "Yes" to **a**, **b**, or **c**, describe all here or on an attached sheet: _____
9. a. Has similar insurance been declined, canceled or renewal refused? ☐ No ☐ Yes
If "Yes", explain: _____
b. Previous carrier of similar insurance _____

The Coverage Form which provides Child Care Legal Liability Coverage applies on a Claims - Made Basis.

The following provides a general description of this coverage and is subject to the terms and provisions of the actual policy.

- A.** The Coverage Form will not apply to any losses from incidents which take place before the Retroactive Date, if any, or after the expiration of the policy period.

- B. The Coverage Form will apply to losses from incidents which take place after the Retroactive Date, if any, but before the beginning of the policy period **ONLY** if the insured did not know of the incident before the beginning of the policy period **and** if any claim is made according to D. below.
- C. The Coverage Form will not apply to any loss for which claim is first made after the expiration of the policy period or any Automatic or Optional Extended Reporting Period described in the Extended Reporting Period Section of the Coverage Form.
- D. The Coverage Form will apply only to claims which are first made:
 - 1. During the policy period; or
 - 2. During the sixty day Automatic Extended Reporting Period described in the Extended Reporting Period Section of the Coverage Form; or
 - 3. During the Optional Extended Reporting Period of unlimited duration described in the Extended Reporting Period Section of the Coverage Form.
 - a. The Optional Extended Reporting Period must be requested by the insured in writing in order to allow claims to be made against the policy coverage after the expiration of any Automatic Extended Reporting Period.
 - b. The insured's written request for such Optional Extended Reporting Period must be made by the later of sixty days after the date of termination of coverage or thirty days after the date of mailing of the company's notice to the insured of cost for and provisions of Extended Reporting Periods.
- E. For the first three years of claims-made coverage, premium will be comparatively lower than for occurrence coverage, and will increase for each renewal of those policies. Claims-made prices will still be somewhat lower than occurrence prices for mature accounts (in their fourth or later years). The purchase of Optional Extended Reporting Periods, as described above, requires additional premium payments.
- 10. The undersigned authorized officer of the Child Care Entity has read the notice concerning Claims-Made Coverage and declares that, to the best of his knowledge, the statements set forth herein are true.

This application does not bind the applicant or the Company to complete the Insurance, but it is agreed that this form shall be the basis of contract should a policy be issued, and it will be deemed attached to and made a part of the policy.

IMPORTANT FRAUD INFORMATION

See attached "Fraud Statement Addenda" for important Fraud Information regarding the completion of this application. By signing this application you certify that you have read such Fraud Information that applies to you. That addendum will be deemed attached to and made part of this application and to any revisions, supplements or other additions to it.

The undersigned authorized officer of the Child Care Entity has read the Notice Concerning Claims-Made Coverage and declares that, to the best of his knowledge, the statements set forth herein are true.

	*	
Signature *NOTE: Must be signed by the President, Secretary or other authorized representative of the organization.	Title	Date

Producer No. _____ Date _____ Producer's Signature _____

IMPORTANT: THIS APPLICATION MUST HAVE FRAUD STATEMENT ADDENDA, FORM 8-A-419 ATTACHED TO IT TO BE CONSIDERED COMPLETE (SEE "IMPORTANT FRAUD INFORMATION" SECTION ABOVE).

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/13/2009
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Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

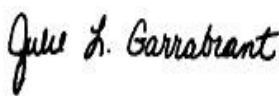
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Utica National Insurance Group				Group NAIC #	0201
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Utica Mutual Insurance Company	NY	25976	15-0476880			
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760			

5. Company Tracking Number	GL AR10239CGF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Julie L. Garrabrant 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2324	315-734-2252	julie.garrabrant@uticanational.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Julie L. Garrabrant			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.1 Other Liability-Occ Only			
10. Sub-Type of Insurance (Sub-TOI)	17.1001 Commercial General Liability			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	Child Care Supplemental Application			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	03/01/2009	Renewal:	03/01/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	01/12/2009			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	GL AR10239CGF01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Our companies would like to revise our Child Care Supplemental Application. We have made the following changes:

Changed Title, combined questions from 8-A-326 into 8-A-304A, added additional questions on Non-Conforming vans, editorial changes, revised to reflect our new approach to Fraud Warnings.

Therefore this revision will replace the previous edition of our Child Care Supplemental Application, 8-A-304A and our Child Care Legal Liability Application (8-A-326), in it's entirety since we have incorporated that information into the new Child Care Supplemental Application.

View Complete Filing Description

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]				
	<table style="width: 100%;"> <tr> <td style="width: 15%;">Check #:</td> <td style="border: 1px solid black; padding: 2px;">Submitted via EFT</td> </tr> <tr> <td>Amount:</td> <td style="border: 1px solid black; padding: 2px;">\$50.00</td> </tr> </table> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	Check #:	Submitted via EFT	Amount:	\$50.00
Check #:	Submitted via EFT				
Amount:	\$50.00				

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	GL AR10239CGF01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Child Care Supplemental Application	8-A-304A Ed. 12-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	8-A-304A Ed. 11-2001 8-A-326 Ed. 1-1995(Rev)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		